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7590

09/19/2006

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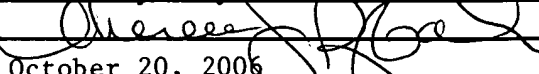
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Sheree Lynn Rybak, Ph.D.

(Depositor's name)



(Signature)

October 20, 2006

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
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10/700,313

10/31/2003

Christophe Combadiere

4239-66645

5461

TITLE OF INVENTION: CC CHEMOKINE RECEPTOR 5 DNA, NEW ANIMAL MODELS AND THERAPEUTIC AGENTS FOR HIV INFECTION

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$0	\$1700	12/19/2006

EXAMINER	ART UNIT	CLASS-SUBCLASS
ULM, JOHN D	1649	514-013000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

10/24/2006 CNEGA2 00000041 10700313

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

The Government of the United States of America as

Rockville, Maryland

Represented by the Secretary of the Department of

Health and Human Resources

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☐ Corporation or other private group entity ☒ Government

4a. The following fee(s) are submitted:

☒ Issue Fee☒ Publication Fee (No small entity discount permitted)☒ Advance Order - # of Copies ten

4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)

☒ A check is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☒ The Director is hereby authorized to charge the remaining fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 02-4550 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature


Date October 20, 2006

Typed or printed name

Sheree Lynn Rybak, Ph.D.

Registration No. 47,913

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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10/20/06 4239-66645-01 600247 E-090-1996/0-US-06

PATENT

Attorney Reference Number 4239-66645-01

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

re application of: Combadiere et al.

Application No. 10/700,313

Filed: October 31, 2003

Confirmation No. 5461

For: CC CHEMOKINE RECEPTOR 5 DNA,
NEW ANIMAL MODELS AND
THERAPEUTIC AGENTS FOR HIV
INFECTION

Examiner: John D. Ulm

Art Unit: 1649

Attorney Reference No. 4239-66645-01

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I hereby certify that this paper and the documents referred to as being attached or enclosed herewith are being deposited with the United States Postal Service as First Class Mail in an envelope addressed to: MAIL STOP ISSUE FEE, COMMISSIONER FOR PATENTS, P.O. BOX 1450, ALEXANDRIA, VA 22313-1450 on the date shown below.

Attorney or Agent
for Applicant(s)

Date Mailed October 20, 2006

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TRANSMITTAL LETTER


Enclosed for filing in the above-referenced application are the following:

- ☒ In connection with issuance of a patent:
 - ☒ Form PTOL-85b
 - ☒ Advance order of 10 copies (Fee \$3.00 each = \$30.00)
 - ☒ Issue Fee (\$1,400.00)
 - ☒ Publication Fee (\$300.00)
 - ☒ A check in the amount of \$1,730.00 to cover the above-listed fee
- ☒ The Director is hereby authorized to charge any additional fees that may be required in connection with issuance of a patent, or credit over-payment, to Account No. 02-4550. A copy of this sheet is enclosed.
- ☒ Please return the enclosed postcard to confirm that the items listed above have been received.

Respectfully submitted,

KLARQUIST SPARKMAN, LLP

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By 
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cc: Docketing